



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM ORG

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(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION  
MAY 16 AM 1:20

For lobbying reporting period:	Contact person <u>Ezra Levine, Esq.</u>	Phone <u>(202) 783-0800</u>
<input type="checkbox"/> January 1 - last day of February	Organization <u>Non-Bank Funds Transmitters Group</u>	
<input checked="" type="checkbox"/> March 1 - April 30	Mailing Address <u>Howrey, LLP, 1299 Pennsylvania Ave. N.W.</u>	
<input type="checkbox"/> May 1 - December 31	<u>Washington D.C., 20004-2402</u>	
Year of Report 20 <u>06</u>		

### PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 33,000.13

EXPENDITURES			
Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	0.00	7. Entertainment	0.00
2. Media advertising	0.00	8. Food & beverages	0.00
3. Telegraph, telephone and other forms of telecommunication	0.00	9. Gifts	0.00
4. Postage	0.00	10. Loans	0.00
5. Compensation paid to lobbyists	33,000.13	11. Other disbursements	0.00
6. Fees (other than to lobbyists)	0.00	<b>TOTAL EXPENDITURES</b>	<b>33,000.13</b>

### COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Marvin S.C. Dang	Law Offices of Marvin S.C. Dang, LLC P.O. Box 4109, Honolulu, Hawaii 96812-4109	33,000.13
James S. Dixon	Law Offices of Marvin S.C. Dang, LLC P.O. Box 4109, Honolulu, Hawaii 96812-4109	(Included in compensation to Law Offices of Marvin S.C. Dang, LLC.)

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

This section is not applicable

Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

This section is not applicable

Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

This section is not applicable

Contributions received in the total sum of \$25 or more per person were received from the following persons:

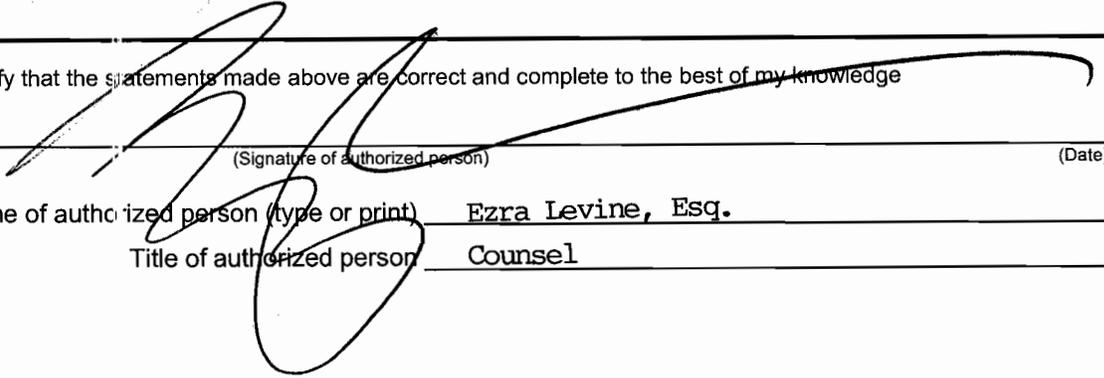
Name & Address	Amount or value

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                                    | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input checked="" type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

  
 \_\_\_\_\_  
 (Signature of authorized person) (Date)

Name of authorized person (type or print) Ezra Levine, Esq.  
 Title of authorized person Counsel